

National vaccine supply segment from Immunization Update
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Our next vaccine brief concerns the national vaccine supply. During the past two years, there have at various times been supply problems with six different vaccines, including influenza, adult Td, DTaP, pneumococcal conjugate, MMR, and varicella. Health care providers and the public have been frustrated and worried by these shortages. But there is good news. With the exception of pneumococcal conjugate vaccine, the shortages have been resolved- for now.

For adult Td, MMR, DTaP, and varicella vaccines, supplies are sufficient to permit the resumption of the routine schedules. School and day care entry requirements should be reinstituted. For Td and varicella, you should now recall persons whose doses were deferred. For DTaP and MMR, you should wait a month or two to recall those whose dose was deferred, because it will take a few months for supplies to be built up.

Unfortunately, demand for pneumococcal conjugate vaccine, or PCV, still exceeds the supply. Supplies are not expected to improve until the last quarter of 2002 or later. Because the duration of the shortage has been longer and the severity has been greater than anticipated, ACIP published revised recommendations in the MMWR on December 21, 2001. These recommendations are still in effect.

Until adequate supplies of PCV are available, ACIP recommends the following: health care providers should continue to vaccinate high-risk children 5 years of age or younger as originally recommended by the ACIP in October, 2000. This includes children with sickle cell disease and other hemoglobinopathies; anatomic asplenia; chronic diseases, such as chronic cardiac and pulmonary disease, and diabetes; cerebrospinal fluid leak; immunosuppression, including HIV infection, immunosuppressive chemotherapy or long-term systemic corticosteroid use; and children who have undergone solid organ transplantation.

Unvaccinated healthy children 6 weeks through 11 months of age should receive 2 doses of PCV separated by 1 to 2 months. The third and fourth doses should be deferred. Unvaccinated

healthy children 12 to 23 months of age should receive one dose. Unvaccinated healthy children 24 months of age and older should not be vaccinated at this time.

As with any deferral due to vaccine supply, health-care providers should maintain a list of children for whom PCV has been deferred. These children should be recalled and vaccinated as age-appropriate when supplies are adequate. During recall, highest priority should be given to infants who received only 2 doses. Infants who received 3 doses and are eligible for a fourth dose would be a second priority group. Pneumococcal polysaccharide vaccine is not licensed or recommended for children less than 2 years of age. Do NOT substitute pneumococcal polysaccharide vaccine for PCV in children less than 2 years of age.

The table for vaccinating healthy children with PCV during a moderate or severe shortage is included in the MMWR article published December 21, 2001. The article, which is available on the NIP website, also includes some limited efficacy data and the rationale for these revised recommendations. CDC will continue to monitor vaccine supply and post updates about vaccine supply and shortages on the NIP website. All of these resources will also be posted on the resource web page for this broadcast.